| FOR NUMBER FILED NUMBER EXTRA BASIC FEE 150.00 - BASIC                   | HER THAN<br>ALL ENTITY |
|--|------------------------|
| FOR NUMBER FILED NUMBER EXTRA BASIC FEE 150.00 - BASIC                   | ALL ENTITY             |
| FOR NUMBER FILED NUMBER EXTRA BASIC FEE 150.00 - BASIC                   |                        |
| TOTAL CLASSIC TOTAL CONTROL OF BASIC                                     |                        |
| TOTAL CHANGEABLE CLAIMS   Minus 20-   * 97                               | FEE 300.00             |
| INDEPENDENT CLAIMS A X\$5  | 0=                     |
| MULTIPLE DEPENDENT CLAIM PRESENT. The MINUS 3 = 1 2100 = 7 800 OR X200   | )=                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | ·                      |
|  | <del>_</del>           |
| (Column 1) (Column 2) (Column 2)   | ER THAN .              |
| CLAIMS HIGHEST ON SMALL ENTITY OR SMALL                                  | L ENTITY               |
| AFTER PREVIOUSLY EXTRA RATE TIONAL RATE                                  | ADDI-<br>TIONAL        |
| Total * (a) Minus ** (3) = Y\$ 25  | FIFE                   |
| Independent Minus Minus X\$50= OR X\$50=                                 |                        |
| OR AZOUS   | 1/-1                   |
| +180= OR +360=   |                        |
| (Column 1) (Column 2) (Column 2) ADDIT. FEE OR ADDIT. FEE                |                        |
| REMAINING HIGHEST NUMBER   | 1 0001                 |
| PREVIOUSLY EXTRA PATE TIONAL RATE  | ADDI-<br>TIONAL        |
| Minus ** (9 = 0   vons   | FEE                    |
| Sinor constant of Invinus AAA /A   |                        |
| 15 (81) 87. 95 (8) 97-106 40-112 (113)                                   | <u> </u>               |
| 117+24 On 1000-  |                        |
| (Column 1) (Column 2) (Column 3)   |                        |
| REMAINING NUMBER PRESENT ADDI-   | ADDI                   |
| AMENDMENT PREVIOUSLY EXTRA RATE TIONAL RATE                              | ADDI-<br>TIONAL        |
| Total  | FEE                    |
| Minus ***  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= OR X200=            |                        |
| +180= OR +360=   |                        |
|  |                        |

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